PART B - FEE(S) TRANSMITTAL

Complete and send this form, together wixa applicable fee(s), to: Mail Mail Stop ISSUL rEE Commissioner for Patents P.O. Box 1450 Akexandria, Virginia 22313-1450 or Fax 871-272-8285

INSTRUCTIONS: This form should be used for transmitting the ISSUB FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence inclined the Patient, advance orders and notification of maintenance fees will be mailed to the current correspondence address are inclined under corrected below or directed orderwise in Block 1, by (a) perchying a new correspondence address and/or (b) indicating the EADDRESS* for the correct perchased under the corrected below or directed orderwise in Block 1, by (a) perchased under some control or the correct perchased under the correct percentage of the correct perchased under the correct percentage under the correct

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying			
			Ŗ	apers. Each addition	al paper, such	as an assignmen	nt or formal drawing, must
61060 7590 06/18/2010				papers. Hach additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
WINSTEAD PO	2		I	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United			
P.O. BOX 50784				I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
DALLAS, TX 75	201						
			ļ.	Lekha Gopalakrishnan			(Depositor's name)
				pene j	e ·		(Signature)
				August 7, 2010			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.
10/601,102			Kenneth J. Balkus JR.		064422-5007 70		7030
TITLE OF INVENTION: ELECTROSPUN MESOPOROUS MOLECULAR SIEVE FIBERS							
APPLN, TYPE	SMALL ENTITY						
		ISSUE FEE DUE	PUBLICATION FEE DU		UE FEE TO	TAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0		\$1055	09/20/2010
EXAMO	NER	ART UNIT	CLASS-SUBCLASS				
GRAY, J	ILL M	1782	428-364000				
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363). Winstead PC							PC
Change of corrospondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Address form P10/SB	(122) attached.	(2) the name of a single firm (having as a member a					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 tisted, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFK 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Board of Regents, The University of			Austin, Texas 78701				
Texas System							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🔲 Government							
4a. The following fec(s) are submitted: 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown ab							shown above)
☑ Issue Fce			A check is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card, Form PTO-2038 is attached,				
Advance Order - #	of Copies	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-2426 (enclose an extra copy of this form).					
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27.							
			b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.							
Authorized Signature	Jehr Jr		DateAu	gust 7, 2010			
Typed or printed name Lekha Gopalakrishnan				Registration No. 46,733			
This collection of information is required by 3 CFR 1.311. The information is required to obtain or retain a benefit by the pablic which is to file (and by the USPTO be present application. Confidentially its spread by 3 U.S.C. 122 and 3 CFR 1.1 Has collection is admirated to take 12 minutes to complete the properties of the properties of the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the mount of time year require to complete is form and/or registerins for reducing this burden, adopting the information of fiftee, U.S. Patent and Trademark Office,							
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							